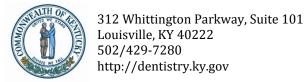
Date	
Approved by	
Certificate number	
Date Issued	

FOR KBD USE ONLY

Kentucky Board of Dentistry



ANESTHESIA/SEDATION FACILITY UPDATE FORM

Please complete this form to change information to the practice's Sedation or Anesthesia Permit Facility Certificate.

To add a new facility, you must submit the Application for Sedation or Apesthesia Facility Certificate Form and fee and an inspection

of the new facility will be scheduled. Th				r una jee una un mspectioi	,
☐ Update Facility Information					
☐ Delete Facility					
Facility Owner's Name					
Name of Business					
Dentist's Name Last/Suffix			First	Middle	
License Number					
Name of Anesthesia/Sedation Administ	rator or Company ₋				_
Facility address	Business Name		Number & Street (PO Boxes	Not Acceptable)	-
City		State		ZIP	
		Phone #			
Dentist/Facility Owner's Signature			Effective Date of Change		
Dentist/Facility Owner's Email Address			Dentist/Facility Owner's Pho	one Number	